



# 2025 CAMP UNO – Camper and Adult Registration

Christian Church (Disciples of Christ) in Florida



**RETURN COMPLETED FORMS AND PAYMENT TO**

Florida Disciples Regional Church, 6455 E. Silver Springs Blvd.  
Silver Springs, FL 34488 OR email to [office@fldisciples.org](mailto:office@fldisciples.org)

**Camper Information – print legibly. For the comfort and protection of your Camper, please be complete.**

Full Name: \_\_\_\_\_ Date submitted: \_\_\_\_\_

Name preferred for nametag: \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Camper's email: \_\_\_\_\_

Gender: \_\_\_\_\_ Birthdate: (MM/DD/YYYY) \_\_\_\_\_

Grade completed in school by June 2025: \_\_\_\_\_

Home Church: (include city) \_\_\_\_\_

**T-shirt size:** (select one) **Youth:** S M L XL **Adult:** S M L XL XXL XXXL

**Adult information – for the adult coming with the camper**

Full Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Name preferred for nametag: \_\_\_\_\_ Gender: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**T-shirt size:** (Select one) **Youth:** S M L XL **Adult:** S M L XL XXL XXXL

Camp Uno will begin with registration at 3:00 p.m. on Friday, July 18, and close at 1:00 p.m. on Sunday, July 20. Registration deadline is July 11.

➔ The camp fee is \$150.00 for the child and \$250 for the adult through May 15th. After May 15th, the camp fee increases to \$250 for the child and \$350 for the adult, so get your forms in EARLY!

**Parent/Guardian & Emergency Contact Information**

If the parent/guardian is attending Camp Uno, please list another emergency contact person:

Parent/Guardian or Emergency Contact Person: \_\_\_\_\_

Relation to camper: \_\_\_\_\_ Email: \_\_\_\_\_

Home/Cell \_\_\_\_\_ Work \_\_\_\_\_

**Signatures – all sections must be complete for registration process.**

**Camper Covenant & Signature – Both camper and attending adult should sign**

The following are the expectations for those who are participating in all camps, conferences, and other events sponsored by the Florida Disciples Regional Church. By signing below you (the camper) agree to the following:

- I will take part in all camp activities from beginning to end.
- I will cooperate with all camp leaders and obey the rules set for my particular camp.
- I will respect each and every person attending my particular camp, treating all people equally and with dignity.
- I will be responsible for the cleanliness and condition of any areas in which I am participating. (Graffiti, carving, cutting, mutilating, vandalizing, etc. will **NOT** be tolerated).
- I understand that language, clothing, and behavior considered offensive, foul, provocative, overtly sexual, belittling, or harmful in any way (as determined by the camp director) will **NOT** be tolerated.
- I understand that I am not to enter any cabins other than my own; I will respect everyone’s personal space.
- I will **NOT** bring any electronic devices (cell phones, radios, stereos, personal listening devices, games, televisions, tablets, etc.) to any camp. Such items will be confiscated and returned at the camp’s conclusion.
- I will **NOT** use tobacco products, alcohol, or any non-prescribed drugs during any camp.
- I will **NOT** bring candy, food, or snacks to any camp, unless arranged with the director.
- I will **NOT** bring fireworks, firearms, knives, or any other weapons to any camp.
- I understand telephone calls are only for emergency situations arranged by the director.
- If it is illegal, I cannot do it or have it.
- If I pose a real or perceived threat to myself, any other person, or the camp site, I may be sent home immediately at the director’s discretion, and at the expense of my parent/guardian.
- I understand staff will have zero tolerance for offenses against this covenant.

Child Signature: \_\_\_\_\_

Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_

UNO Camper Name \_\_\_\_\_ Loving Adult \_\_\_\_\_

**Payment**

Registration Fee for Camp Uno Adult \_\_\_\_\_ \$ 250.00 through May 15 OR  
\_\_\_\_\_ \$350.00 After May 15

Registration Fee for Camp Uno Child \_\_\_\_\_ \$ 150.00 through May 15 OR  
\_\_\_\_\_ \$ 250.00 After May 15

\_\_\_ Enclosed is my personal check for \$ \_\_\_\_\_

\_\_\_ Amount paid online \$ \_\_\_\_\_

\_\_\_ My church is sending a check for \$ \_\_\_\_\_

All checks should be made to: Florida Disciples Regional Church and mailed to  
6455 E. Silver Springs Blvd., Silver Springs, FL 34488.

Online payments can be made at: <https://fldisciples.org/summer-camp-payments/>

**Parent/Guardian Consent, Payment Policy & Signature**

I give my consent for \_\_\_\_\_ to attend the event identified on this form and understand that some activities may take place off site. I understand photographs that include my youth could be taken at this event and consent for their use in future promotional materials and that a camp roster (which will include the campers name, address and email) will be distributed to each participant. In addition, I realize that I will be personally responsible for picking him/her up from the event if he/she violates any part of the Camper Covenant. In case of medical emergency, I hereby give permission to the physician selected by the Event Director to hospitalize, secure proper treatment for, and to order injections, anesthesia and/or surgery for my child as named above. I also release the Florida Disciples Regional Church and its agents from liability in injuries beyond the limits of the health and accident insurance provided for in the event fee.

**Registration Policy:** All registrations and fees must be received by Florida Disciples Regional Church, 6455 E. Silver Springs Blvd., Silver Springs, FL 34488, by their due date. Registrations received after that date can only be accepted with the camp director’s approval and if space is available.

**Payment Policy:** Registration forms are not processed, and campers are not considered “Registered” until complete camp fees have been received by the Florida Disciples Regional Church and every section of this form has been completed. Refunds will NOT be issued after the registration deadline. Any exceptions will be at the discretion of the Outdoor Ministry chairperson.

\_\_\_ I have read and understood the above information.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CAMPER HEALTH FORM – complete for the child - Name:**

**DOES CAMPER HAVE HEALTH INSURANCE:**     YES     NO

If “yes”, please attach a copy of the insurance card (front and back) or email to [office@fldisciples.org](mailto:office@fldisciples.org). Include camper name. The campers insurance is primary and the Florida Disciples Regional Church (FDRC) insurance is secondary. The FDRC insurance supplements only those accidents and illnesses that occur during camp.

**Health Information for child**

Physician’s name: \_\_\_\_\_ Physician’s Phone: \_\_\_\_\_

Is applicant in good health and able to participate in all usual camp activities?    Yes    No

If not, please explain: \_\_\_\_\_

Does camper have **allergies** (check all that apply):

- |   |                                      |   |   |
|---|--------------------------------------|---|---|
| <input type="checkbox"/> Seasonal allergies | <input type="checkbox"/> mildew/mold | <input type="checkbox"/> penicillin     | <input type="checkbox"/> sulfa type drugs |
| <input type="checkbox"/> Aspirin            | <input type="checkbox"/> bee stings  | <input type="checkbox"/> food allergies | <input type="checkbox"/> others           |

Please list specific food allergies or other allergies not listed: \_\_\_\_\_

**HEALTH HISTORY** - Check all that apply:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Asthma           | <input type="checkbox"/> ADD/ADHD*                              | <input type="checkbox"/> AIDS/HIV               | <input type="checkbox"/> Epilepsy       |
| <input type="checkbox"/> Ear Infection    | <input type="checkbox"/> Sinus infections                       | <input type="checkbox"/> Sore throat            | <input type="checkbox"/> Stomach upsets |
| <input type="checkbox"/> Measles          | <input type="checkbox"/> Constipation                           | <input type="checkbox"/> Fainting               | <input type="checkbox"/> Sleep walking  |
| <input type="checkbox"/> Bed-wetting      | <input type="checkbox"/> Operations                             | <input type="checkbox"/> Diabetes               | <input type="checkbox"/> Chicken pox    |
| <input type="checkbox"/> Serious injuries | <input type="checkbox"/> Chronic Condition of Heart/Lungs/other | <input type="checkbox"/> Mental Health Concerns |   |
- Neurodiversity Diagnosis \_\_\_\_\_
- Mental Health Concerns \_\_\_\_\_
- History of communicable illness (like polio or tuberculosis)

**Date of last tetanus booster:** \_\_\_\_\_ **Date of last physical exam:** \_\_\_\_\_

**Medications**

Please list other conditions, details of health history items marked above and any special concerns or illness that this camper has. This will assist the camp staff to help your camper have the most positive camp experience possible: \_\_\_\_\_

**I give permission for my child to receive over the counter non-prescription medications (i.e., Tylenol):**

Yes    No

**Special Dietary Needs:** \_\_\_\_\_

\* If your child takes medication during the school year, we highly recommend he or she also take that medication during camp.

**What do we need to know about your camper that would help us make this the best experience possible?**

---

---

---

---

---

---

---

**Health Information for Adult attending Camp Uno – Name: \_\_\_\_\_**

Date of last tetanus booster: \_\_\_\_\_ Date of last physical exam: \_\_\_\_\_

**DO YOU HAVE HEALTH INSURANCE:    \_\_\_\_\_ YES        \_\_\_\_\_ NO**

If "yes", please attach a copy of the insurance card (front and back) or email to [office@fldisciples.org](mailto:office@fldisciples.org). Include camper name. The campers insurance is primary and the Florida Disciples Regional Church (FDRC) insurance is secondary. The FDRC insurance supplements only those accidents and illnesses that occur during camp.

Physician's name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Are you in good health and able to participate in all usual camp activities?    \_\_\_Yes    \_\_\_No

Is there anything in your medical history that our nurse needs to be made aware of?

---

---

---

---

List allergies and any special medical conditions: \_\_\_\_\_

---

---

---

---

Special dietary needs \_\_\_\_\_

---

---

---

---

**All medications must be turned in to the camp staff to provide safety for the people in your cabin.**

All medications must be sent to camp in their original containers with labels to be turned over to camp staff at registration. A staff person will monitor and distribute medications as needed. This includes over-the-counter drugs as well. Please provide a list with the name of the medication, the dosage amount, the time medication needs to be taken, and any other specifications.

Medicine for \_\_\_ Adult \_\_\_ Camper \_\_\_\_\_

Dosage\_\_\_\_\_Frequency\_\_\_\_\_

Medicine for \_\_\_ Adult \_\_\_ Camper \_\_\_\_\_

Dosage\_\_\_\_\_Frequency\_\_\_\_\_

Medicine for \_\_\_ Adult \_\_\_ Camper \_\_\_\_\_

Dosage\_\_\_\_\_Frequency\_\_\_\_\_

Medicine for \_\_\_ Adult \_\_\_ Camper \_\_\_\_\_

Dosage\_\_\_\_\_Frequency\_\_\_\_\_

Medicine for \_\_\_ Adult \_\_\_ Camper \_\_\_\_\_

Dosage\_\_\_\_\_Frequency\_\_\_\_\_

Medicine for \_\_\_ Adult \_\_\_ Camper \_\_\_\_\_

Dosage\_\_\_\_\_Frequency\_\_\_\_\_

Medicine for \_\_\_ Adult \_\_\_ Camper \_\_\_\_\_

Dosage\_\_\_\_\_Frequency\_\_\_\_\_

Medicine for \_\_\_ Adult \_\_\_ Camper \_\_\_\_\_

Dosage\_\_\_\_\_Frequency\_\_\_\_\_

Medicine for \_\_\_ Adult \_\_\_ Camper \_\_\_\_\_

Dosage\_\_\_\_\_Frequency\_\_\_\_\_

Medicine for \_\_\_ Adult \_\_\_ Camper \_\_\_\_\_

Dosage\_\_\_\_\_Frequency\_\_\_\_\_

Medicine for \_\_\_ Adult \_\_\_ Camper \_\_\_\_\_

Dosage\_\_\_\_\_Frequency\_\_\_\_\_